



Statement of Gift Intent for MercyOne Newton Emergency Department

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

GIFT:

- ☐ I/We wish to establish a gift in the amount of _____ over ☐ 1 ☐ 3 ☐ 5 years.

Please accept my/our initial payment of: \$_____ (payment must be attached)

with a remaining balance of: \$_____ to be paid as follows:

Number of payments _____

Paid: ☐ Monthly ☐ Quarterly ☐ Annually Beginning on: _____

(Reminders will be mailed to you at the frequency you indicated above.)

MM/DD/YY

DONOR RECOGNITION:

Please list my (our) name as specified below:

Name(s): _____

(Please print above exactly as you would like your gift to be recognized. Examples: John H. & Mary K. Smith, The Family of John Smith, In honor/memory of John Smith, John & Mary Smith, Dr. John & Mary Smith)

- ☐ I/We wish that our gift be treated as an anonymous donation.
- ☐ I/We are interested in naming recognition within the Emergency Department.

Space Reserved: _____

FULFILLMENT OPTIONS:

- ☐ I/we will make my/our gift through the Jasper Community Foundation.
- ☐ Enclosed is my check in the amount of: \$_____ (Payable to MercyOne Newton Foundation.)
- ☐ Please charge my/our credit card listed below one time in the amount of: \$_____
- ☐ Please charge my/our credit card listed below monthly \$_____ on the **1st** or **15th** of the month.

American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____

- ☐ I/We wish to gift of stock/securities: No. of Shares: _____ Name Ticker: _____
Stock transfer instructions are available upon request for you or your broker.

- ☐ _____ of this gift will be paid by a matching gift program at _____

Donor(s) Signature(s) _____ Date: _____

Staff/Volunteer Signature: _____ Date: _____

Thank you for your support of the MercyOne Newton Emergency Department.